

Application Overview

Thank you for your interest in Mobile Beacon's Broadband Technology Assistance Grant. Our service includes:

- Unlimited usage of our 4G wireless broadband service at the discounted rate of \$10/month paid annually in advance (\$120/year per activated modem), plus the cost of the modem(s) of your choice (if applicable). Visit mobilebeacon.org for more details and prices associated with the below devices.
 - CLEAR Hub Express Just plug one in to connect your computer or router to the Internet.
 - CLEAR Stick Atlas Simply plug one into the USB port on your laptop to get online. This lightweight, portable device fits in your pocket for the ultimate in mobility.
 - CLEAR Spot Voyager Create a small, mobile hotspot that connects up to eight WiFi-enabled devices. It's an ideal travel companion that can help you connect a laptop, cell phone, netbook, iPad, or other tablet all at once.
- Complimentary technical support seven days a week.

If you have questions about the service or the grant, please e-mail info@mobilebeacon.org.

Organization Information				
Name of Organization:				
Website:				
Street Address:				
City:		State: Zip:		
Type of Organization: (Check only o	one)			
School/Educational Institution	Government	Social Welfare Agency	Other Nonprofit	
If "Other," please describe:				
Briefly describe your organization's r	nission:			
, ,				
Explain how this broadband service	will be used by your o	rganization to advance your mission	on:	
Does your organization service other	: g <mark>eograp</mark> hic markets t	than the one you are applying for i	n this grant?	
\square Yes \square No If y_0	es please list:			



Contact Informa	tion (of the person submitting application)
First & Last Name:	
Title:	Phone:
Email:	Fax:
	Product Information
Write in the number of each type of modem yo fee is associated with each product selection.	u are requesting on behalf of your organization. Note the \$10/month service
CLEAR Hub Express	CLEAR Stick Atlas CLEAR Spot Voyage
See Terms and Exclusion	ons below, which must be signed by the Applicant
Grant Terms & Exclusions Applications may be submitted by the Applican facsimile (401) 934-0505, or mail (2419 Hartfo	nt ("Applicant(s)" or "Grantee") via e-mail (grants@mobilebeacon.org), rd Avenue, Johnston, RI 02919).
Coverage is available only in Clearwire's 4G cov	verage area as outlined at www.mobilebeacon.org/coverage.
Applicant certifies the service and all associated	equipment will be used for their organization. Accounts are not to be resold.
501c3 nonprofit organization; (ii) all information provided to Grantor will be	ny employees or staff, while such persons are employed by or involved with
	te of \$10/month paid annually in advance (\$120/year per activated modem), a Clearwire. Visit www.mobilebeacon.org for product details and pricing.
Grantor reserves the right to decline applicants	in its sole discretion.
The Applicant has read the Terms & Exclusion	ons. By signing below, the Applicant accepts and agrees to abide by them.
Signature:	Date:
Print Name of Authorized Applicant:	Print Title: